10/10/2007

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

\/.	Tov	A Collins	FIL	ED	PERIS APPLIC AND IAL AFFIDAV	
(12·	Plair	ntiff	AUG 0	1 2008		
A_{α}	v. ne (i (cle an Red Cross	MICHAEL W RK, U.S. DIS	. DOBBINS TRICT COURT CASE NUMBE		50160
	De	fendant(s)		JUDGE		
i, M (other with declar the o	e information of the control of the control of the complain owing queries and the complain owing queries are complaint of the complain owing queries and the complaint of the complaint owing queries and the complaint of th	in the above-operation of fees, or in in the above-operation of fees, or in in it is an unable to pay the costs of petition/motion/appeal. It estions under penalty of perayou currently incarcerated?	ded, attach one of PRINT:, decle entitled case. I support of my of these procen support of the support	are that I am the This affidavit consimotion for appointedings, and that I his petition/application or jail:	plaintiff □petiti itutes my application tment of counsel, or am entitled to the i	oner □movant on 12 to proceed □ both. I also relief sought in l, I answer the
2.	Mont	you currently employed? thly salary or wages: e and address of employer:	⊖ □Yes	M No		,
	a.	If the answer is "No": Date of last employment: Monthly salary or wages Name and address of last	: 313	6,2008 3016th S	treet, Elect	y of Rockland.
	b.	Are you married? Spouse's monthly salary Name and address of emp	Yes or wages: 3 oloyer: Mar	m Autome	Tic-1661 N	u. Rock Court
3.	or any	from your income stated ab yone else living at the same es? Mark an X in either "Ye	e residence re	ceived more than	\$200 from any of	the following
	a. Amou	Salary or wages	Received by	y Marice -	Thompson	□No

,	b. ☐ Business, ☐ profession or ☐ other self-employment Amount Received by	□Yes	Ž No
	c. ☐ Rent payments, ☐ interest or ☐ dividends Amount Received by	□Yes	⊠No
	d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance compensation, immunemployment, ☐ welfare, ☐ alimony or ma	intenance or 🗆	child suppor
	Amount 1,600 month Received by Toy Colli	MYes NS - exp	□No austed
	e.	□Yes	ĎØÍNo
	f. Any other sources (state source: Amount Received by	□Yes	MNo
4.	Do you or anyone else living at the same residence have more than savings accounts? In whose name held: Compared the property of the prope		
5.	Do you or anyone else living at the same residence own any stocks financial instruments? Property: In whose name held: Current Value: Relationship to you:	□Yes	ities or other
6.	Do you or anyone else living at the same residence own any real condominiums, cooperatives, two-flats, three-flats, etc.)? Address of property: Type of property: In whose name held: Amount of monthly mortgage or loan payments: Name of person making payments:	□Yes	apartments,
7.	Do you or anyone else living at the same residence own any automol homes or other items of personal property with a current market value Property: Current value: 1,500.000 In whose name held: Marrice Thomason Relationship to you:	of more than \$	31000? □No
8.	List the persons who are dependent on you for support, state your relatindicate how much you contribute monthly to their support. If none, classically the support of the s	neck here □No	dependents

SIGNATURE OF AUTHORIZED OFFICER

(Print name)

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue. Signature of Applicant NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution. **CERTIFICATE** (Incarcerated applicants only) (To be completed by the institution of incarceration) I certify that the applicant named herein, ,I.D.# , has the sum of \$_____ on account to his/her credit at (name of institution)_____ I further certify that the applicant has the following securities to his/her credit: . I further certify that during the past six months the applicant's average monthly deposit was \$ (Add all deposits from all sources and then divide by number of months).

rev. 10/10/2007

DATE